

Commercial Building Permit Application

Revised 3/14/02



Permit Number: _____
Shell: _____

Owner Name:		
Owner Address:		
Owner Fax:		Owner Email:
Applicant Name:		
Applicant Address:		
Applicant Phone:	Applicant Fax:	Applicant Email:
Property Address and Suite Number:		
Name of Tenant / Business:		
Contractor/Builder Name:		Contractor Phone:
Certified Erosion Control Person:		
Application Type: <input type="checkbox"/> New Building <input type="checkbox"/> Shell Only <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Portable Structure <input type="checkbox"/> Addition <input type="checkbox"/> Interior Only <input type="checkbox"/> Other: _____ <div style="float: right; text-align: right;"><div># of Buildings: _____ Type of heat: # of Units: _____ <input type="checkbox"/> Electric # of Stories: _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Basement - Fin <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement - Unfin</div></div>		
Do you need other permits? <input type="checkbox"/> Mechanical (furnace, gas piping, woodstove, heat pump) <input type="checkbox"/> Plumbing (water service, moving fixtures, lawn sprinklers) <input type="checkbox"/> Signs <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Out Buildings		Existing Square Footage: _____ Proposed New Square Footage: _____ Finished: _____ Unfinished: _____ First Story: _____ Second Story: _____ Other: _____
Project Valuation:		Fire Sprinklers: Existing: _____ New: _____
Current Use: (Previous Tenant)		Proposed Use:
Utilities: <input type="checkbox"/> Septic System <input type="checkbox"/> Sewer, District: _____ <div style="float: right; text-align: right;"><input type="checkbox"/> Private Well <input type="checkbox"/> Public Water, District: _____</div>		
Property Location: Address:		
Site Plan Review / Final Site Plan Review Case Number:		Lot Number and Parcel Number:
If Restaurant use: Current Seating (Number) : _____ Proposed Seating (Number) : _____		If Apartment use: Number of Units: _____ Number of Buildings: _____
Will proposal affect existing parking or access?		
Staff to complete: Previous File: _____ Previous Use: _____ Current zone: _____		Approval: Development Services signature: _____

A **free** two-hour consultation with plans examiners is available prior to submitting your commercial building plans. Contact Lou Malattia at (360) 397-2375 extension 4086 for an appointment.

Applicant/Authorized Signature

Date